



Response Under 37 CFR § 1.116
Expedited Procedure - Group 2179

03560.002473.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: M. Tran
MEGUMI YOSHIDA)
: Group Art Unit: 2179
Application No.: 09/422,565)
: Filed: October 21, 1999)
: For: METHOD OF AND APPARATUS)
FOR PROCESSING CHARACTERS, :
AND STORAGE MEDIUM STORING)
CHARACTERS PROCESSING :
PROGRAM) December 6, 2004

RECEIVED

DEC 09 2004

Technology Center 2100

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated October 7, 2004, please amend the
above-identified application as shown below.

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BOX AF

AF/ 2179 61

Response Under 37 CFR § 1.116
Expedited Procedure - Group 2179

In re Application of:

• MEGUMI YOSHIDA

Application No.: 09/422,565

Filed: October 21, 1999

Docket No. 03560.002473.

Examiner: M. Tran

Group Art Unit: 2179

Date: December 6, 2004

For: METHOD OF AND APPARATUS FOR PROCESSING CHARACTERS, AND STORAGE
MEDIUM STORING CHARACTERS PROCESSING PROGRAM

Mail Stop AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2100

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 43	MINUS	** 43	= 0	x \$9 \$18	-0-
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$44 \$88	-0-
Fee for Multiple Dependent claims \$150°/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Edward A. Kmett
Registration No. 42,746

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New York, New York 10112-3801
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